RIVERVIEW SCHOOL DISTRICT

Equipment Inventory Control Form

Current Location of Equipment: _____ Date: _____

Item(s) Information				
Tag #	Quantity	Serial #	Description	Condition

Action -*Check appropriate box - complete necessary additional information*

Surplus ☐ Stolen ☐

Police Report # _____

Transferred ☐ Other ☐

Location _____ Describe _____

Approved by: _____ _____

Administrator at point of origin *Date*

Approved by: _____ _____

Receiving Administrator *Date*

Approved by: _____ _____

Business Office Representative *Date*

Form Distribution

If the item(s) are being declared surplus send the form to:

Original: Business Office

Copy: Maintenance

Maintenance may ask you to retain item(s) at your location until surplus sale

If the item(s) are being transferred send form to:

Original: Business Office -*with both point of origin and receiving signatures*

Copy: Point of Origin

Copy: Receiving Location

Copy: Maintenance